

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003167

STATE FILE NUMBER

AMENDED

Registration District No. 282 Primary Registration District No. Registrar's No. 5

FILED JAN 30 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Polk	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cluquot Township	a. STATE Mo	b. COUNTY Polk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		c. CITY OR TOWN Bolivar	d. STREET ADDRESS Rt-2
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last William Bartlett Kerns		Month Day Year January 24, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/30/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 65
11. BIRTHPLACE (City and state and country) Halls, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sedic Kerns		13b. MOTHER'S MAIDEN NAME May Willis	
14. NAME OF HUSBAND OR WIFE Lola Kerns		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT Address Lola Kerns Rt2 Bolivar, Mo	
IMMEDIATE CAUSE (a) Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 days	
DUE TO (b) Probable Heart Attack			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Not At All to and last saw her alive on NEVER SEEN Death occurred at 11:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. W. Kerns M.D.		22b. ADDRESS 108 a. main Bolivar Mo	
22c. DATE SIGNED 26 Jan 62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/27/62	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
23d. LOCATION (City, town, or county) Cluquot Missouri		23e. DATE RECD. BY LOCAL REG. Jan 27, 1962	
23f. FUNERAL DIRECTOR Paul Butler Bolivar, Mo		23g. REGISTRAR'S SIGNATURE Ralph Gordon per J. H. Gordon	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

JAN 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.